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PTO/SB/21 (05-03)

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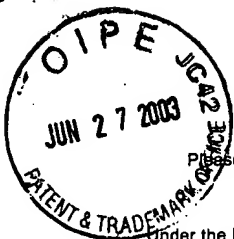
| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/966,703 | |
| | Filing Date | 08/28/2000 | |
| | First Named Inventor | Malik | |
| | Art Unit | Not Assigned | |
| | Examiner Name | Not Assigned | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | 0201-99159 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Nora M. Tocups | |
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PTO/SB/82 (10-00)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
|------------------------|--------------|
| Application Number | 09/966,703 |
| Filing Date | 9-28-01 |
| First Named Inventor | Malik |
| Group Art Unit | Not Assigned |
| Examiner Name | Not Assigned |
| Attorney Docket Number | 99159 US |

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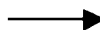
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☐ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jacqueline Gregorski VP Patent Trademark Procurement BellSouth Intellectual Property Corp.

Signature

Jacqueline Gregorski

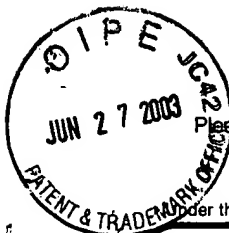
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| | |
|------------------------|--|
| Application Number | 09/966,703 |
| Filing Date | 9-28-01 |
| First Named Inventor | Malik |
| Title | Method Systems for a Communications and Info.. |
| Group Art Unit | Not Assigned |
| Examiner Name | Not Assigned |
| Attorney Docket Number | 99159 US |

I hereby appoint:

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| Name | Registration Number |
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| Nora M. Tocups | 35,717 |
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- ☐ Applicant/Inventor.
- ☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

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|-----------|--|
| Name | Jacqueline Gregorski, VP Patent Trademark Procurement, BellSouth Intellectual Property Corporation |
| Signature | <i>Jacqueline Gregorski</i> |
| Date | 05-27-03 |

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